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WE ARE WINNING THE FIGHT AGAINST MENTAL ILLNESS

SPEECH AT

ANNUAL LEGISLATIVE DINNER, ASSOCIATION OF CHOSEN FREEHOLDERS

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by

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Governor Meyner, Members of the Legislature, Chosen Freeholders, Guests:

Since 1773, when the first public mental hospital was built in Williamsburg, Virginia, there has been a seemingly inevitable annual increase in the number of patients in our state mental hospitals.

Starting in 1945, when reliable national statistics were collected for the first time, there has been an annual rise of 9,400 hospitalized mental patients. In the decade since 1945, this has meant the construction of approximately 100,000 new beds costing the taxpayers approximately $2 billion. In 1955 alone, $750 million was appropriated by state legislatures for the construction of beds for mental patients.

In 1956, we saw the first reduction of hospitalized mental patients in 183 years. Although this reduction of 7,000 patients is not of major proportions, its significance lies in the fact that the first step has been taken in the fight to reduce the number of mental patients resident in our state hospitals.

You have participated in that reduction right here in the State of New Jersey. Over the past decade, you have had an average increase crease of 500 hospitalized mental patients a year. In 1956, you not only prevented the seemingly inevitable rise of 500 patients, but you actually recorded a reduction of 271 patients.

It is important to examine the factors responsible for this significant development. I believe most of us would agree that the advent of the tranquilizing drugs has been the major factor in this remarkable reduction. I think we sometimes fail to appreciate the nature of this revolution. Prior to the new drugs, there was no mass medication which could be given to great numbers of mental patients in understaffed institutions. The shock treatments, for example, required a great number of skilled professional people and therefore could never really be applied on a wide scale.

In assessing the importance of the new drugs, I commend to you a statement made recently by one of the nation's outstanding psychiatrists, who said to me:

"The tranquilizing drugs gave those of us in mental hospitals much more than a specific therapy. They gave us the feeling and the hope that we had something we could apply to people in distress. They lifted up the morale of our staffs because they shook up the deadening atmosphere of the back wards. If this be their only accomplishment, it is a major one."

At the present time, we are in an unfortunate wave of sensational publicity about these drugs. Little distinction is made between the potent tranquilizers used under proper medical supervision in the state hospitals, and the mild tranquilizers used for the neuroses.

We have a sickening series of magazine and newspaper articles about the so-called "Happy Pills". This is really not our business here tonight, because we are concerned with more important matters than the movie star or television actor who took ~~stimulates~~ STIMULANTS in the 1930's, barbiturates in the 1940's and now is on the "Happy Pills" in the 1950's.

Furthermore, I don't think we have to concern ourselves with those defenders of the past who always decry a new therapy and always warn about side effects.

In this category, I include the National Institute of Mental Health. Last year, after politely suggesting for two years that the Institute had a responsibility to assess a medication which was being given to millions of Americans, the United States Congress rammed down the unwilling throats of the epidemiology-lovers at the Institute an appropriation of $2 million for an honest, nationwide evaluation of the new drugs.

I say, with all the conviction at my command, that the National Institute of Mental Health has used this money to flout the will of the Congress and the American people. It held a conference last fall stacked with non-clinical investigators who proved, to their own satisfaction, that you couldn't do a mass-scale evaluation of a drug. Nonsense! What about the Veterans Administration's superb ten-year evaluation of drugs used against tuberculosis, and what about the current V.A. evaluation of the tranquilizing drugs.

This attitude against mass evaluation has not prevented the Institute from releasing superficial, unscientific "studies" on the new drugs. In August, 1956, it released Public Health Monograph No.41,

a thinly veiled diatribe against the drugs. Sounding the alarm, the author of the monograph cries out that he knows of no studies of how many people are on the drugs in this country. Does he not know that many of us have been begging the Institute to do just this kind of survey for two years? Furthermore, he laments the fact that widespread use of the drugs "can result in situations that could tax seriously the limited psychiatric resources of the Nation." Is this the kind of drivel up with which the taxpayers of America must continually put? Is it not incredible that the mental health arm of the Federal Government laments a therapy which highlights our critical shortage of psychiatric personnel? Shouldn't the Institute be rejoicing that thousands of untreated patients are now being treated and returned to their homes, and shouldn't it issue a clarion call for more psychiatric personnel to spread the benefits of these therapies to all of the suffering ones in our mental hospitals?

In December, 1956, in a formal report to Congress on the effect of the drugs, the Institute stated that "reports from mental hospitals indicate that the reduction in restlessness and aggressive behavior made accessible, to other forms of therapy, patients who otherwise could not be reached. There is as yet insufficient reliable experimental evidence to support these claims." From this statement, I conclude that the Institute puts no credence in the figures on increased discharges recently released by the Council of State Governments. Furthermore, it impugns the accuracy and integrity of reports from practically every state mental health commissioner and state hospital superintendent in the country that the new drugs have brought

about a tremendous reduction in restraints, the almost total abolition of the former "violent" wards, and the accessibility of thousands of additional patients to therapy.

The Institute really possesses unmitigated gall in asking for "reliable experimantal evidence" on the efficacy of the new drugs. In its own reports, for example, it grabs at any unscientific cudgel to flail the drugs. In one report, it raises the implication that continued use of the drugs may shorten the life span. Where is the "scientific evidence" for this? Has the Institute made 30-year studies of drug usage to support this implication, or to support a similar implication that the drugs, when used on children, may interfere with normal learning and personality development? I respectfully suggest to the Institute that it get about the business of doing the painstaking evaluations ordered by the Congress, and that it cease and desist from using taxpayers' money to conjure up imaginary ghosts designed to alarm both mental patients and their families.

In addition to the new drugs, there are a number of other important factors which have contributed to the dramatic reduction of hospitalized mental patients. In the past decade, we have almost tripled the daily expenditure for each mental patient. Even when we take into account the rise in living cost, this is an appreciable advance. Here in New Jersey, your per diem of $3.89 is considerably above the national average. It is higher than New York and Pennsylvania, but considerably below, for example, Connecticut, Kansas, Michigan and Delaware. The Veterans Administration spends approximately $10 a day for a tax-supported mental patient. So I don't

think I need emphasize the fact that you have a long way to go.

Another major factor in the current happy turn of events is the steady increase of psychiatric personnel in our state and county mental hospitals. Over the past decade, despite a tremendous rise in new admissions, state and county mental hospitals have almost doubled the ratio of staff employees to patients. Here in New Jersey, you have progressed from one staff employee for every five patients in 1945 to one employee for every three patients in 1956. Your staff ratio is one of the best in the country, and you are to be congratulated for it.

But now I want to come to the heart of the matter. Does this beginning reduction of mental patients mean that we have whipped the problem - that we can now sit back and rest on our oars? Far from it. We have a much bigger problem in front of us, and I want to cite the example of tuberculosis as an indication of what I mean.

For decades and decades, there seemed to be an inevitable increase in the number of patients hospitalized for tuberculosis. State governments were saddled with enormous construction costs for thousands of additional beds for the ever continuing flood of victims of this disease. During the last decade, the tide began to turn. With the advent of new drugs and new surgical techniques, we brought about a remarkable reduction in the death rate from tuberculosis. Tuberculosis, the number one killer in the early 1900's, soon dropped out of the list of the ten diseases with the highest mortality. Many hospitals for the tuberculous closed their doors, some of them among the most famous in this country. Millions of dollars in new construction costs were saved. Thousands upon thousands of people,

who would have died years ago, are alive today. The average hospital stay of the tuberculous patient was cut in half. Now comes the rub. The problem of tuberculosis was transferred from the isolated sanatorium off in the woods to the heart of the community. The patient was now back among his neighbors, going to the clinic once a month for a supply of drugs.

What happened? Two things: In the first flush of seeming victory we slackened our efforts; secondly, the community, for decades comfortably removed from the problem of tuberculosis, had never developed the preventive facilities to handle this new flood of patients.

Result? During 1956, we witnessed an alarming rise in newly discovered cases of tuberculosis in the community. This was not due to more intensive case finding; on the contrary, the Federal government and the states had reduced their appropriations for case finding. It was primarily due to the fact that more patients, treated in the community, passed the disease along because the proper precautions were not taken. In a number of communities, the wheel turned full circle; patients who were themselves discharged from the hospitals and who thus emptied beds, infected persons in the community who then filled the beds so recently emptied.

There are certain profound lessons in this experience for all of us in the mental health field.

First of all, how much mental illness is there in the community right now? In the past we used a very rough approximation - we said that one in ten persons would probably become mentally ill at some time during his life span.

A recent study, done with superb precision and professional knowledge, indicates our estimates have been far too low. At the 1956 convention of the American Public Health Association, a team of psychiatrists and public health doctors from the Commission on Chronic Illness reported on a four-year survey of mental illness in the city of Baltimore. Their conclusion; ten out of every 100 persons walking the streets of any large city right now are mentally ill. In their report, they point out that their figures are conservative, because they excluded all in the community who were receiving treatment for mental illness at the time of the survey. Furthermore, the study excluded patients in mental hospitals, children suffering from behavior disorders, and adults who were alcoholic or had minor personality defects.

What are the implications of this report? Here is what the authors conclude:

> "Our findings that approximately one-tenth of an urban population have one or more of the relatively well defined mental disorders is sufficiently alarming and one obviously calling for serious and prompt consideration. We doubt very much that a population having more than this rate of mental illness, in addition to the heavy load of chronic and acute disease found in the Baltimore survey, could function as a society."

We are all part of this community which the aforementioned report deals with - the Governor, State Legislators, County Officials and citizens. What, then, are all of us doing to bring about this transition from the handling of mental illness as an isolated

problem in the woods to the progressive and intensive treatment of it in the community?

I want to make one point crystal clear here. From the time of the establishment of the first public mental hospital in 1773, the mentally ill have been conveniently categorized as "wards of the State". In a number of states, county and city governments have used the state mental hospitals as a dumping ground for all of their unwanted indigents. As Dr. Paul Hoch, the able Commissioner of the New York Department of Mental Hygiene, has pointed out on a number of occasions, these unfortunates are not wards of the state - they are wards of all of us. We have a common and joint responsibility to care for and treat these people, our own brothers and sisters caught in the web of misfortune and misery.

In New Jersey, you have not been guilty of putting up these artificial walls. Your state government and your 21 counties share in the cost of mental illness. You have state operated and county operated mental hospitals; you do not believe that Trenton has the sole responsibility for the care of mental patients. However, I do not mean to imply by this that all is perfection in the Garden State. A report came to me recently that in one of your larger cities, attempts to improve a run-down psychiatric facility were met with the argument that the state should do it all. This is utter nonsense. The fight against mental illness is an enormous one and we need every ally working full time - the Federal government, the state, the city, the county and the citizen.

If we grant the premise of Dr. Franklin Ebaugh that our state mental hospitals are monuments to the failure of our communities "to

create the necessary conditions for the full, healthy adjustment of individual minds", what resources must we then build to cut down the incidence of mental illness in the community? In the short space of time available to me, I can list only a few:

1. Our foremost job is probably the education of the general practitioner in the handling of routine emotional disturbances. We have come a long way from the period when the general practitioner would take no interest in the problem of mental illness. Today, he is avidly seeking training in this field. His national organization, the American Academy of General Practice, has formed a committee to work with the American Psychiatric Association in the education of the general practitioner in psychiatry.

help finance

The state and the counties have an obligation to the training of the general practitioner in the newer psychiatric therapies. The professional organizations also have a great responsibility in this area and I am delighted to note that the New Jersey State Medical Association, in cooperation with the American Academy of General Practice, will sponsor a series of training seminars for the general practitioner this spring at your very fine New Jersey Psychiatric Institute.

2. Equally important is the support of psychiatric units in general hospitals. This is the natural facility in which to treat most mental illnesses. It tears the stigma away from mental illness, and it keeps the patient close to his family and his community.

I am continually amazed at the old guard resistance to psychiatric units in general hospitals. Is it not a shocking thing that 950 large general hospitals in this country do not have a single psychiatric bed? In my native city of New York, it is estimated that only six of 35 large general hospitals have psychiatric units. In Washington, D. C. most of our large general hospitals have made no provision for psychiatric units. I dare say the situation is fairly comparable in the State of New Jersey.

The state and the counties have a responsibility to support these psychiatric units. A dollar invested in this kind of unit will go much further than a dollar invested in psychiatric custody in the woods. I am happy to note that New York and Pennsylvania have pioneered in state financial support for the establishment of psychiatric units in general hospitals. I commend these developments to the state and county governments in New Jersey.

3. We must also develop community treatment facilities for our children. We are doing an atrociously poor job in this area. A recent study by the Child Welfare League of America conservatively estimated the number of emotionally disturbed children in this country at about 500,000. Yet for these children there are only about 40 residential treatment centers in the country which are altogether capable of handling 2,500 children a year, and all of these treatment centers are far beyond the

economic reach of the average person.

At a recent hearing of the New York State Senate Committee on Public Health, there was impressive testimony from a number of distinguished psychiatrists that the states and localities must match funds for the construction of these treatment centers. It is economic wisdom to treat these children at the first onset of mental illness. If we do not, we are faced with a lifetime tax bill for most of them. Dr. William Menninger recently told of the release of an 85 year old patient from the Topeka State Hospital. She had been admitted to that hospital at the age of 13, and she had spent 72 years as a ward of the taxpayers of Kansas!

4. We must develop more flexible psychiatric facilities for the care of the mentally ill. In America, we have been very unimaginative in this area. We have placed excessive emphasis upon 24-hour custody of the mental patient behind locked doors. We have much to learn from Europe and from our northern neighbor, Canada, in the humane handling of mental illness.

One of the most important developments is the day hospital where the patient receives active treatment during the day, but returns to the strength and warmth of his family and community each night. Thus there is no breaking of the ties between the patient and the outside world. We have only begun using the day hospital recently. I am happy to note that one of the first day hospitals in the country was established at Trenton State Hospital. I hope

that the scope of its program will be greatly enlarged from what it is today.

The night hospital is an even more important therapeutic development. In this facility, the patient goes to work during the day and returns to the hospital at night for necessary treatment. Canada has pioneered in the use of the night hospital and we have nothing to approximate the Canadian projects in this country.

5. As you undoubtedly know, the community is doing an exceedingly poor job with the discharged patient. Although the state mental hospitals discharge 250,000 patients each year, only a small fraction of these are rehabilitated and returned to productive employment. Furthermore, it has been authoritatively estimated that from 50,000 to 60,000 patients in our state mental hospitals could be discharged if we had the social workers, rehabilitation therapists and community facilities to re-establish them in community life. I don't think I need emphasize to you in state and county government the economic waste in maintaining a patient for years in a state hospital when a small expenditure could rehabilitate him and return him to economic productivity.

The citizens of New Jersey must play a much more active role in the attempt to aid these mental patients in resuming useful lives. In this connection, I want to congratulate the Union County Mental Health Association for its pioneer program in the rehabilitation of mental patients.

6. We must develop specialized facilities for the aged, particularly geared to their specific medical needs. Several states are constructing modern geriatric facilities for this group of patients and I am delighted that Governor Meyner, in his annual message to the legislature, recommended the establishment of such a center here in New Jersey. Here again, the state cannot do the job alone. There is a tremendous role for citizens in promoting better care for the aged, and I am impressed with the Hunterdon County Mental Health Association's recent efforts in exploring better handling of the aging mental patient.

I do not mean to give the impression that nothing is being done in the field of community mental health services. Probably the most exciting recent development in the mental health field has been the increased appropriations by state and local governments for preventive mental health services. It is estimated that these expenditures have tripled in the past three years.

In 1954, New York led the way with the Community Mental Health Services Act. It provides one state dollar for every local dollar appropriated for community mental health services. During the current year, the state is spending $6,700,000 for this program and this has been more than matched by contributions from county mental health boards. At present, 22 counties representing 86 percent of the population of New York State are participating in this program.

It is most gratifying, then, that Governor Meyner recently proposed a state grant-in-aid program for community mental health projects. I earnestly beseech your support of this program. As we

strengthen psychiatric services in the community, we shall most certainly cut down the flood of mental patients into our state and county mental hospitals.

In closing, I want to pay tribute to the Chosen Freeholders of New Jersey. In the excellent report of the Mercer County Freeholders, I note that the 21 counties in New Jersey are now spending approximately $13 million a year for the support of mental patients. The report notes that the expenditure for mental illness has been a constantly rising item in the budgets of county governments.

This need not be so and right here in Mercer County you are pioneering in the new way. Much more impressive to me than your budgetary item for the support of the mentally ill is the $30,000 you appropriate annually to the support of a child guidance center here in this county. In this magnificent project, you have not allowed sterile arguments about responsibility to inhibit your efforts. You have joined hands with the State of New Jersey, the Junior League of Trenton, The Union Industrial Home of Trenton and the Delaware Valley United Fund in a joint citizens' project.

You are making a wise investment; you are investing money where it will bring the greatest dividends in the prevention of mental illness. You are investing this money because you know that the untreated child frequently becomes the adult psychotic whose hospitalization costs the taxpayers from $25,000 to $50,000 before death brings a merciful end to a lifetime of suffering. If you save one child from a lifetime of hospitalization, you have covered the annual cost of your support of the child guidance center. As the state mental hospital load declines, it is absolutely necessary that you invest additional monies in these community efforts. If you do not, you

will have achieved only a temporary gain. Now is the time to begin the major transition from custody to prevention, early treatment and cure.

You richly deserve the award you are receiving tonight from the Mercer County Association for Mental Health. However, I want to leave you with a challenge. I would like to come back here a few years from now and give the Chosen Freeholders of New Jersey a National Mental Health Committee award for a pioneer program in the establishment of a chain of community mental health services throughout the entire State of New Jersey.